

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10541660	Filing Date				
							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
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48							98					
49							99					
50							100					
Total Indep	2											
Total Depend	14											
Total Claims	16											

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